

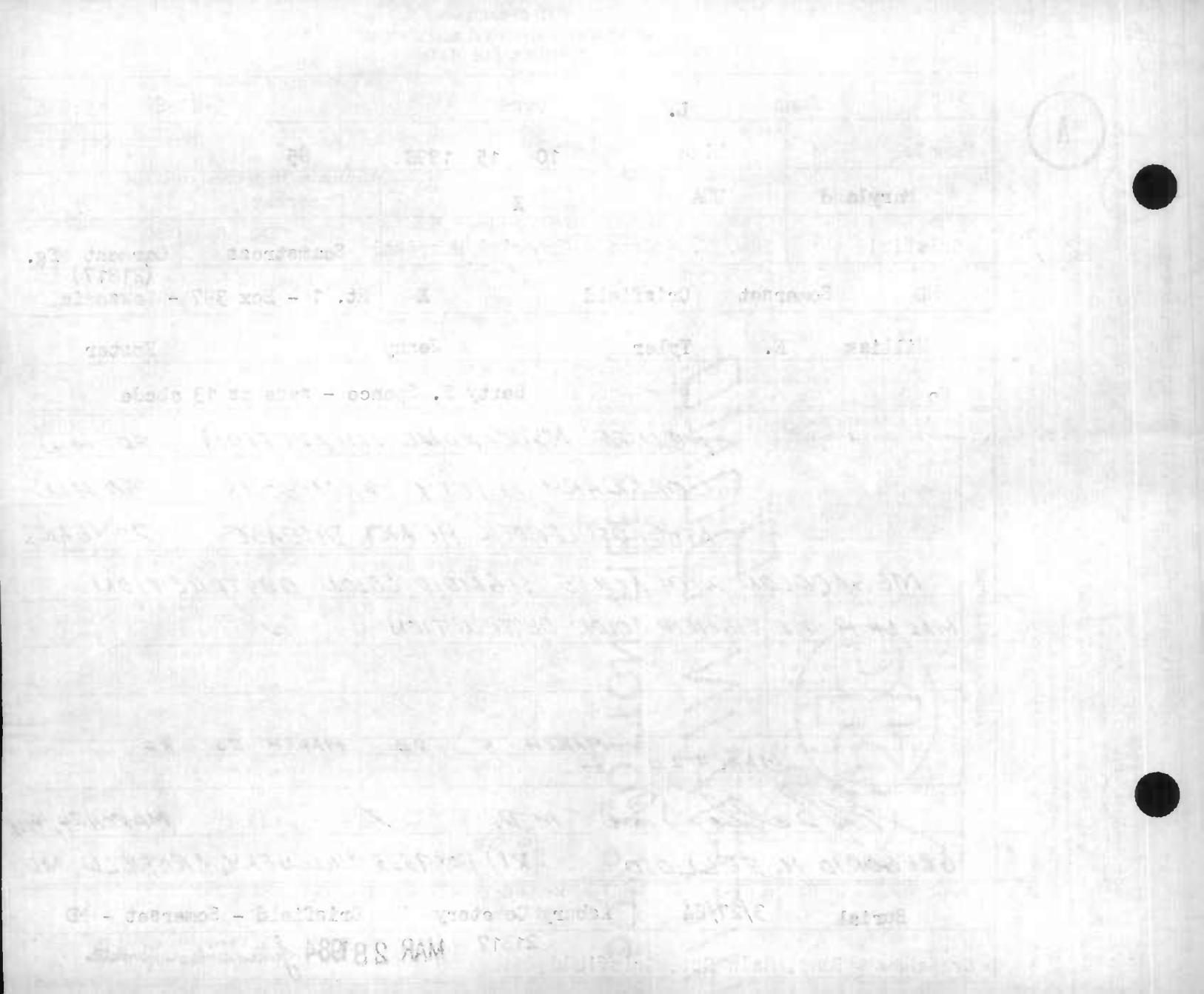
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, it should be detached for use on the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed within 24 hours of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 28 shows any injury, or other traumatic event, the medical examiner must be notified.

MEDICAL CERTIFICATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH										0 8 6 5 /							
1 - STATE REGISTRAR										REG. NO.							
1 DECEASED NAME (TYPE OR PRINT)		FIRST		MIDDLE		LAST		2a. DATE OF DEATH		MONTH	DAY	YEAR	2b. HOUR				
Anna		L.				Byrd		3-24-84					5:08a M				
3 SEX Female		4 RACE White		5. DATE OF BIRTH MONTH 10 DAY 15 YEAR 1898		6 AGE (IN YEARS LAST BIRTHDAY) 85		7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. BALTIMORE CITY OR COUNTY OF DEATH Somerset			
10 CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Edw. W. McCready Memorial Hospital		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress		12b. KIND OF BUSINESS OR INDUSTRY Garment Mfg. (21817)		13a. STATE MD		13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET ADDRESS Rt. 1 - Box 397 - Lawsonia	
14. FATHER'S NAME FIRST William		MIDDLE E.		LAST Tyler		15. MOTHER'S MAIDEN NAME FIRST Jenny		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) No		16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 214-12-5703		17. INFORMANT Betty F. Spence - same as 13 abcde		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4100 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY ARTERY THROMBOSIS DUE TO, OR AS A CONSEQUENCE OF (c) ATHEROSCLEROTIC HEART DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MIN	
19a. DATE OF OPERATION MARCH 19, 1984		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED SIGMOID COLON OBSTRUCTION		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1a MEGACOLON WITH ACUTE SIGMOID COLON OBSTRUCTION									
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)		21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) MARCH 24 1984		21f. LOCATION STREET CITY OR TOWN COUNTY STATE							
22a. I certify that (I) (this hospital) attended the deceased from MARCH 5 1984 to MARCH 24 1984, that (I) (we) last saw the deceased alive on MARCH 24 1984, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.		22b. SIGNATURE Gregorio M. Belloso		22c. DEGREE M.D.		22d. PHYSICIAN'S NAME (TYPE OR PRINT) Gregorio M. Belloso		22e. ADDRESS RT 1 BOX 9323 CULLEN PKY, CRISFIELD, MD.		22f. DATE SIGNED MARCH 24, 1984							
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23b. DATE 3/27/84		23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery		23d. LOCATION CITY OR TOWN Crisfield - Somerset - MD		23e. DATE REC'D. FOR REGISTRATION 21817 MAR 28 1984		23f. REGISTRAR'S SIGNATURE Julia Davidson-Randall							
24. FUNERAL DIRECTOR NAME Bradshaw & Sons, Main St., Crisfield, Md.		ADDRESS															
DHMH - 16 50M 1/81 (VRA 15, 4)																	



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE UNDERTAKER, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PA 3. RETAIN PAGE 3 AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILLED WITHIN 24 HOURS AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

MEDICAL CERTIFICATION

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.

1- STATE REGISTRAR		2d. DATE KNOWN OF DEATH ESTIMATED <input checked="" type="checkbox"/> 3-4-1984								2b. HOUR 84 2A M										
1. DECEASED NAME (TYPE OR PRINT)		FIRST James			MIDDLE Isaac		LAST Handy			2c. DATE PRONONCED DEAD 3-4-1984	2d. HOUR 84 10:10 M									
3. SEX Male	4. RACE Black	5. DATE OF BIRTH MONTH 3-11-38	YEAR 1938	6. AGE (IN YEARS LAST BIRTHDAY) 45 yrs.	7. IF UNDER 1 YR. MONTHS 0	DAYS 0	8. IF UNDER 24 HRS. HOURS 0	MIN. 0	9. BALTIMORE CITY OR COUNTY OF DEATH Somerset	10. DATE REC'D. BY REGISTRAR MAR 13 1984										
7a. BIRTHPLACE Maryland		7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			10a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer												
11. CITY OR TOWN OF DEATH Westover		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rehabeth Rd.								12b. KIND OF BUSINESS OR INDUSTRY Farm										
13a. STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Westover	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET ADDRESS Rt. 1 Box 27 A Westover, Md.			218 1/2											
14. FATHER'S NAME Oscar		MIDDLE P.	LAST Handy	15. MOTHER'S MAIDEN NAME Mary			16. INFORMANT Emma Porter Rt. 1 Box 27 Westover, Md.			LAST Holland										
17a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		17b. SOCIAL SECURITY NO. 219-34-3486			17c. ADDRESS			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: 4100 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c)			APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH Signature									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).																				
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>										
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)		21f. LOCATION STREET		CITY OR TOWN		COUNTY		STATE	
22a. I certify that I took charge of the remains described above, held on death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>												22b. TITLE (SPECIFY) ACTUAL SIGNATURE James A. Sterling, M.D.		MEDICAL EXAMINER		DATE SIGNED 3/5/84				
23a. EXAMINER'S NAME (TYPE OR PRINT)		23b. ADDRESS 320 W. Main St. Crisfield, Md. 21817								23c. NAME OF CEMETERY OR CREMATORIAL SPECIES Burial		23d. LOCATION CITY OR TOWN Princess Anne, Som. Maryland		23e. COUNTY Som.		STATE Maryland				
24. FUNERAL DIRECTOR NAME Arnold H. Savage		24b. DATE REC'D. BY REGISTRAR Savage Funeral Home New Church, Va.								24c. DATE REC'D. BY REGISTRAR'S SIGNATURE MAR 13 1984 Julie Davidson-Handels										

to the

Mr. H. H. Hodges

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 21 is marked or item 18 shows any injury or other traumatic event, the medical examiner must be notified in advance.

MEDICAL CERTIFICATION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH										REG. NO. 08639										
1. DECEASED NAME (TYPE OR PRINT)			FIRST Barney	MIDDLE B.	LAST Morgan	2a. DATE OF DEATH			MONTH 3-18-84	DAY YEAR 9:55p M	2b. HOUR									
3. SEX Male			4. RACE White		5. DATE OF BIRTH MONTH 2 DAY 27 YEAR 1896		6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS.			IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN.								
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia			7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. BALTIMORE CITY OR COUNTY OF DEATH Somerset			10. CITY OR TOWN OF DEATH Crisfield		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Edw. W. McCready Memorial Hospital			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waterman			12b. KIND OF BUSINESS OR INDUSTRY Seafood		
13a. STATE Maryland			13b. COUNTY Somerset		13c. CITY OR TOWN Crisfield		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET ADDRESS 100 Mariners Rd. - 21817										
14. FATHER'S NAME FIRST Frank			MIDDLE		LAST Morgan		15. MOTHER'S MAIDEN NAME Annabelle			16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Yes			16b. SOCIAL SECURITY NO. WW I 218-16-6C82			17. INFORMANT Anne M. Windsor - Rockawalkin Rd. - Hebron MD				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory Failure</i> <i>4340</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day										
DOUE TO, OR AS A CONSEQUENCE OF (b) <i>Carbo-vascular Thrombosis, Bilateral</i>										5 weeks										
DOUE TO, OR AS A CONSEQUENCE OF (c) <i>Generalized Atherosclerosis</i>										2 years										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Essential Hypertension : Hypotension, Primary</i>																				
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)			21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			21d. LOCATION STREET			CITY OR TOWN		COUNTY	STATE						
21e. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>			21f. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)																	
22a. I certify that (I) (this hospital) attended the deceased from <u>February 27 1984</u> to <u>March 18 1984</u> , that (I) (we) last saw the deceased alive on <u>March 18 1984</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										22b. SIGNATURE <i>Gregorio M. Belloso M.D.</i>					DEGREE		ATTENDING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL DIRECTOR <input type="checkbox"/> STAFF PHYSICIAN <input type="checkbox"/>		22c. DATE SIGNED <u>March 19, 1984</u>	
22d. PHYSICIAN'S NAME (TYPE OR PRINT) <i>GREGORIO M. BELLOSO M.D.</i>										22e. ADDRESS <i>SPRUCE STREET, PRINCESS ANNE, MD.</i>										
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			23b. DATE 3/21/84		23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery			23d. LOCATION CITY OR TOWN Crisfield - Somerset - MD			23e. COUNTY Crisfield		STATE MD							
24. FUNERAL DIRECTOR NAME Bradshaw & Sons, Crisfield, Md. 21817										25a. DATE REC'D. BY REGISTRAR MAR 21 1984		25b. REGISTRAR'S SIGNATURE <i>Julia Davidson Pendell</i>								

SEARCHED - SERIALIZED - INDEXED - FILED - 12-18-82 - 10:00 AM

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 72 hours after death.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print)	First GENEVA	Middle M.	Lost STERLING	20. DATE OF DEATH Month 3	Day 22	Year 1984	2b. HOUR 9:30 M	
3. SEX Female	4. RACE White	5. DATE OF BIRTH March 8, 1900			6. AGE (In years lost birthday) 84	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Somerset			Md.	
10. CITY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Rt. 1 - Box 358	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Processor			12b. KIND OF BUSINESS OR INDUSTRY Ret. Seafood			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Somerset	13c. CITY OR TOWN Crisfield	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Rt. 1 - Box 358 (21817)				
14. FATHER'S NAME First Isaac	Middle Byrd	15. MOTHER'S MAIDEN NAME First Middle Dona			Last Mister			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16b. SOCIAL SECURITY NO. 218-16-7659	17. INFORMANT Frances J. Cullen - 241 Asbury Ave. 21817 Crisfield, MD	Address			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Acute		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident</i> DUE TO, OR AS A CONSEQUENCE OF 4360 (Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.) (b) DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Emphysema</i>								
19a. DATE OF OPERATION 9/9	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <i>6/4/83</i> to <i>6/21/83</i> , 19, that (I) (we) last saw the deceased alive on <i>6/21/83</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <i>B. D. Barhan M.D.</i>		ATTENDING PHYS. <input type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>3/23/84</i>			
22d. PHYSICIAN'S NAME (Type) <i>Madhav D. Barhan, M. D.</i>		22e. ADDRESS MD Route 413 - Crisfield, MD 21817						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/25/84	23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery	23d. LOCATION (City or Town) (County) Crisfield - Somerset - MD (State)					
24. FUNERAL DIRECTOR Bradshaw & Sons - Crisfield, MD	ADDRESS 21817	25a. REC'D BY REGISTRAR DATE MAR 28 1984	25b. REGISTRAR'S SIGNATURE <i>Julia Davidson - Parcell</i>					

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1. DECEASED-NAME (Type or print)		First HELEN	Middle WINDSOR	Last WINDSOR	20. DATE OF DEATH Month Day Year MARCH 12 th 1984	2b. HOUR M	
3. SEX FEMALE		4. RACE WHITE		S. DATE OF BIRTH MARCH 6, 1899	6. AGE (In years last birthday) 85 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) MD.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		B. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH SOMERSET		
10. CITY OR TOWN OF DEATH PRINCESS ANNE		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) AT HOME		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) NONE		12b. KIND OF BUSINESS OR INDUSTRY Md. 21853	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD.		13c. CITY OR TOWN SOMERSET		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER JEFFREY L.		
14. FATHER'S NAME First THOMAS WINDSOR		Middle WINDSOR	Last ESTELLA LAIRD	15. MOTHER'S MAIDEN NAME First ESTELLA LAIRD			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown NO		16b. SOCIAL SECURITY NO.		17. INFORMANT SUSIE WINDSOR		Address PRINCESS ANNE, MD.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4140		Congestive Heart failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 year			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease		10 years			
DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Old CVA							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (the physician) attended the deceased from 3-13-57, 19____, to 3-12-84, 19____, that (I) (we) last saw the deceased alive on 3-5-84, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Everett Sutter		22c. DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 3-15-84		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Dames Quarter Md 21820					
23a. BURIAL, CREMATION, REMOVAL (Check)		23b. DATE 3/15, 1984	23c. NAME OF CEMETERY OR CREMATORIUM ORIOLE CEMETERY	23d. LOCATION (City or Town) ORIOLE, MD.		(County)	(State)
24. FUNERAL DIRECTOR WILSON FUNERAL HOME		ADDRESS PRINCESS ANNE, MD.		25a. REC'D BY REGISTRAR MAR 19 1984	25b. REGISTRAR'S SIGNATURE John Sutter		

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